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ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

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No. 4.

CRANIAL REGION (continued)—*Musculo-Aponeurotic Layer.*—If the cellulo-adipose layer be next removed, a musculo-aponeurotic structure is brought into view, formed by the occipito-frontalis muscles and their tendons. The occipital part is fleshy and arises from the upper semicircular ridges of the occipital bone; the anterior or frontal portions are likewise fleshy and intermingle their fibres with the orbiculares palpebrarum, the intermediate part uniting their two extremes is a broad membrane, the *cranial aponeurosis* (gallea capitis). The frontal portions are continued by triangular slips down upon the nose (pyramidales nasi). The aponeurosis, as usually represented in anatomical works, is seen to present a well defined edge corresponding very much to the temporal ridge; this does not exist in nature. It is continued down over the temple, diminishing in thickness by insensible degrees, until it becomes blended over the zygoma with the deep fascia of the face, and is connected to the superior circumference of the root of the auricular cartilage. Blended with it are the rudimental fan shaped muscles of the ear, the *attrahens retrahens* and *attollens.* The firm attachment of the skin and fascia to both the tendinous and fleshy part of this layer, enables it to move or fix the scalp at pleasure. It is this ability which admits of burdens being carried upon the head with such precision. By the deep surface it is connected to the pericranium through, what I shall call the *sub aponeurotic fascia.* This presents a remarkable contrast with the superficial fascia, being made up of fine silvery looking fibres of fibrous tissue, in which the elastic variety largely exists; its structure loose and open, moistened with serum and entirely destitute of fat. It allows the scalp to move with great freedom over the pericranium.

Through this ramify and pass the deep branches of those blood vessels and nerves already described. On each side of the posterior part of the sagittal suture a remarkable vessel, the *vein of Santorini*, enters within the cranium through openings in the parietal bones, the *parietal foramina.*

Practical Observations.—It will be observed from the foregoing remarks, that the musculo-aponeurotic layer forms a complete partition between the skin and the pericranium, so perfect, indeed, that fluid accumulations, however liquid on one side, cannot pass to the other, and separating structures, so different in constitution and arrangement, as to communicate important information to the physician. It limits the extension of ulceration in the direction of the cranial bones. The directions of both the muscular and membranous fibres of this layer being vertical or disposed antero-posteriorly will suggest the propriety of making incisions where such become necessary in the same direction. In certain conditions of the upper eye-lid, which will be treated of in

the proper place, the frontal portion of this muscle can be made to perform the office of an elevator. Exudations or effusions which occur beneath it instead of being collected into a small circumscribed space, as those exterior to it are, will be *diffused* in consequence of the free intercommunication among the areolæ of the subaponeurotic fascia. A blood tumor may arise in this locality by lesion of the *parietal veins*, and which will spread over a large portion of the pericranial surface, as is sometimes seen in new born children—the *caput succedaneum*.

Sub-aponuerotic Fascia.—As the blood vessels which reach the periosteum pass through this sub-aponeurotic fascia, those conditions which greatly disturb the latter not unfrequently prove destructive to the former, as for instance penetrating ulcers, tegumentary sloughs, or large accumulations of pus or blood in its structure. So loose is the connexion between the musculo-aponeurotic and pericranial structures, that wounds occasioned by force applied at angles of considerable incidence will detach large flaps. Such separations occur in cases where the wheel of a cart may happen to come in contact with the head, or where it is precipitated against a curb, as is often seen by surgeons in the city from horses taking fright and upturning vehicles to which they may be harnessed. A curious example, illustrative of our anatomical remark, was published some years since in the columns of the *New Jersey Medical Reporter*. A midwife attending a woman in a tedious labor, mistook the swollen and congested scalp of the child for the placenta, and having heard that in cases of such presentations, unless an opening be made into the mass, the patient would perish from hemorrhage, inflicted an extensive gash with a pair of scissors; as the labor proceeded, the wound was enlarged by the close adaptation of the head to the pelvic canal, and peeling off more and more from the pericranium as it passed through, so that when escaped from the lower strait, the cranium was completely enucleated, the anterior portion of the scalp hanging down over the face and the posterior over the back of the neck!

In the scalping process, as practised by the Indians, it is only necessary to make the circular incision, and a little force will be sufficient to remove this highly prized trophy of war.

I may now introduce a remark relative to the removal of the integuments preparatory to making a section of the cranial bones in order to expose the brain or its membranes. The incision should be carried over the head from ear to ear, and through this aponeurosis. The object is two-fold, the two halfs can by a little force, without a dissection, be drawn forward and backward, sufficient to expose the cranial vault, and the parts when again replaced and stitched will be covered with hair, give an excellent support to the bones beneath and scarcely be noticed; thus obviating one of the great objections on the parts of friends to post-mortem examinations, namely mutilation.

Pericranium.—This is the last of the membranous layers exterior to the skull. It is the periosteum of the cranial bones, and its connection effected by filaments of *fibrous tissue* and *blood vessels*. As an evidence of its great vascularity let it be torn from its connection with the bones, and there will be seen myriads of minute red points, which are blood drops issuing from the lacerated vessels. These vessels supply the external table, ramify in the diploe, inosculating there with others from the internal periosteum, and sending many branches directly into the texture of the internal table, so that it may be said to be to a certain extent the nutrient membrane of both tables. Along the line of the sutures its connection is most firm, and through these also pass many vessels; so also over those points which in development were centres of ossification.

Practical Observations.—Inasmuch as the pericranium is a periosteum, anything disturbing its connections with the cranial bones must in some degree endanger their structure. The exposed situation of the head, and the inconsiderable thickness of the soft parts, leave it much exposed to bruises. If an exudation takes place between it and the cranium, the separation can only occur at the expense of the

blood vessels, which form the chief bond of connection. The propriety, therefore, of giving exit to such accumulations would be unquestionable. These may be blood, lymph or pus, and as the membrane maintains by extensions from its deep surface a connection with the sutures so perfect as to make several of non-communicating spaces, equal in number to the cranial bones, we have one method of determining the locality of such effusions, by their assuming the form of the bone or not extending beyond these lines. In addition to this I have observed that in cases where the periosteum is detached, if the scalp be drawn upon by taking hold of a lock of hair, it lifts readily from the bone for an extent equal to the surface detached. The sensation communicated to the fingers is so different from that of the sound scalp, as having been once experienced will never be forgotten.

By a reference now to preceding papers it will appear that there are three situations in which swellings from a variety of causes may be seated: *First*—Exterior to the cranial aponeurosis, in the superficial fascia, and distinguished by their being very circumscribed. *Second*—Beneath the aponeurosis and distinguished by diffusion, with a tendency to seek, if fluid, the most dependent situations. *Third*—Under the pericranium and determined by sutural limitation, with loseness of the scalp.

Fig. 12.

Fig. 12. Exhibits a plan of the structures of the scalp in their relations to each other. The three semicircular lines represent the skin, cranial aponeurosis, and pericranium. The superficial fascia consisting of fibrous bands, and clusters of fat cells is seen in the space between the external and middle. The space between the middle and internal is occupied by the subaponeurotic fascia, destitute of adipose matter.

Cephalæmatoma.—Among the blood tumors of the head, this one of cephalæmatoma has figured largely with authors. By some it is attributed to lesion of the *parietal veins*, by others to the vessels of the pericranium. That rupture of these veins does occur, and blood, as a consequence, infiltrates into the sub-aponeurotic cellular tissue in new born children is true, but it spreads itself over the head. Yet it is very improbable that these vessels could be the source of blood situated beneath the periosteum themselves being above it. These tumors in the great majority of cases are situated over the parietal bones, but not confined to them; and as the periosteum is very closely adherent to the temporal ridge, such swellings, when extensive, assume the form of the space between the interparietal suture, and that ridge which would resemble a half-moon shaped figure. This latter fact of *form* is another evidence that the seat of the disease is not in the parietal veins, for if the blood was only poured into the space beneath the tendinous expansion of the occipito-frontalis, there is no connection to confine it to the border of the temporal ride. It is stated by Rokitansky, that co-existing with such tumors are often found effusions of blood between organs and their peripheral coats, having the same relation to each other as the pericranium and bone, for instance between the surface of the liver and its peritoneal coat. If there be any thing like uniformity in such coincident phenomena, it would argue a more general significance than the condition otherwise would indicate. The affection is one occurring most frequently in new born children, and its serious importance will depend first upon the extent of periosteal separation, and secondly, the occurrence of a similar effusion beneath the dura mater opposite, which sometimes takes place. The mutual influence exerted between these two membranous layers, (the pericranium and dura mater) is very marked, and as an exemplification authors adduce one as often followed by a separation of the other. Of the fact there is no doubt, but the explanation sometimes given may be well questioned. *Does the mere separation of one membrane in itself induce separation in the other under any circumstances?* Proceeding on anatomical data, I would say no. Or analyzing the cases in which it does take place, I would say no.

The blood vessels which enter the bones on the outside are derived from the deep trunks of those supplying the scalp and those which enter the bones on the inside from the meningeal arteries. From these two sources a very fine inosculation occurs in the diploe, which may be called the *diploic plexus*, and from which branches are sent into the tables on either side. What is there, therefore, in this disposition of blood vessels to produce the consequence alluded to.

In those cases, where the pericranium has lost its attachment to the bone following effusion of blood or pus beneath the dura mater, and which Mr. Pott believes to be diagnostic of such accidents, the external injury seems to have been entirely lost sight of. Surely the bruising of the pericranium from the violence applied, is quite sufficient to explain its separation. But it may be argued that in cephalæmatoma, where the same condition exists, no violence can be invoked as explanatory. In answer to such an objection, it must not be forgotten that the weight of pathological authority goes to show that in this disease there is marked congestion of the blood vessels of the entire bone, the influence of which would be indifferently felt on either surface, and the cephalæmatoma, therefore, not the disease itself, but a consequence of it.

Periosteal separation often happens without the death of the bone, its reunion being established by an inflammatory exudation from the vessels on the circumference, and sometimes under surface of the detached portion, and its conversion into bone. In tertiary syphilis the pericranium is elevated by the products of the inflammation poured out beneath it, forming a node, the gradual ossification of which becomes one form of osteophyte.

It is possible to have not only a very extensive separation, but positive destruction of the pericranium without death to the external table. Two instances in point are now very prominently before my mind; the one produced by a slough following a burn, and exposing several square inches of the cranial bones, granulations commenced at the margin of the soft parts, and continued to extend until the whole surface was covered in. The question in my mind, then, was, will not this piece in time be separated and thrown off. Two years after, I had an opportunity of seeing this patient, at which time everything appeared well, without a single evidence of exfoliation. The second case was one which I had the opportunity of presenting to the class at the Philadelphia Hospital during the period of my service in the past winter. The integuments and periosteum had been destroyed by erysipelas having the upper part of both parietal bones denuded. The case progressed to the same termination and in the same way as in the first. Such desirable terminations do not, however, always take place.

In these cases the bone is vitalized from the diploic plexus. Whatever impairs this part is likely to be attended by more serious consequences than such as act on the exterior: in other words, the structure of the bone is more liable to be affected by *central* than *peripheral* influences, as for instance, inflammation or abscess in the diploe.

During the frontier war, when our people were obliged to cope with the Indians, and scalping, one of their modes of warfare, was of frequent occurrence, it is related by Dr. Felix Robertson, of Tennessee, as reported by Dr. Eve, that exfoliation was prevented by a practice introduced at the suggestion of a traveling French surgeon, by boring numerous holes with a shoemaker's awl into the outer table, (reaching, I suppose, the cancellated tissue,) when granulations would sprout through and cover up the exposed bone, and that there were persons at every fort who practiced it.

Veratrum Viride.

By J. R. McClurg, M. D.,
of Philadelphia.

It is probably about four years, since I first began to use the Veratrum Viride as a curative agent in my practice; my attention being drawn to it by an article in the *Journal of Materia Medica*, published by that most successful and energetic firm Tilden & Co., of New Lebanon, New York, who certainly deserve the thanks of the medical profession for

the skilful and beautiful manner in which they prepare their medicines. I was at once interested, and induced to believe the American Hellebore to be an active medicinal agent, and having been familiar with its tall, round, striated stem, bright green leaves, and yellow flowers, from childhood, I was most anxious and attentive to witness the effect it produced upon the human system. The veratrum viride is unquestionably one of the most active and reliable medicines used by the profession, and its effects upon the system are doubtless, in my mind, produced through the medium of the nervous system, and particularly the sympathetic part of this system. It is a well known fact, that every medicinal agent manifests an elective affinity for some particular part of the frame; opium and its preparations, whether administered by the stomach, endermically, or by injections into the veins, affects the brain, producing narcotism; strychnia affects the brain and spinal marrow, causing tetanic convulsions; prussic acid, coma and tetanus; croton oil, purging; tartar emetic, vomiting; and belladonna, dilatation of the pupil. So veratrum viride, when taken into the system, produces its influence, not upon the brain primarily, but upon the *cerebrum abdominale*, that organic nervous centre which sends branches to and presides over the organs of involuntary motion, quite independent of the brain, and imparts power, tone, and energy to them in its normal condition, and weakness and derangement to them in its abnormal state. But if veratrum does produce its influence upon the system through the medium of the sympathetic nerve, we should expect to find the power exerted upon those organs under the more immediate supervision of this nerve to be greater than upon those more remote. And this I do believe to be the fact, for we know the heart is most liberally supplied with branches of the sympathetic, and filaments of this nerve follow the arteries and terminate in their cellular coat, and that under the influence of the veratrum the heart diminishes in force and frequency from the wildest excitement until it becomes calm and deliberate, even to the very will of the prescriber. But although veratrum manifests its first perceivable effect upon the circulation, it by no means stops here, for it acts upon the lungs as a most valuable expectorant, upon the stomach and bowels as an active purgative, upon the kidneys as a tonic and diuretic, and upon the skin as a diaphoretic. As the most prominent effect of veratrum appears to be manifested upon the heart, controling the pulse more speedily and with far greater certainty than any other known remedy, its administration is especially applicable in cardiac diseases, and in those typhus and typhoid affections in which the circulation is deranged and the pulse greatly augmented.

Mrs. M., laboring under a very serious attack of typhoid pneumonia, had been under my care about seven days, when I became most fearful of the result, for she was gradually sinking under the disease, notwithstanding the most assiduous attention. There was extensive engorgement of the lungs; not much pain; expectoration, slight but most unfavorable; dyspnœa very great; tongue dry and red, and the teeth covered with dark sordes; nausea and a singular dreamy or swimming sensation in the head, aberration of the mind, dry and purple skin from the imperfect oxidation of the blood in the lungs, the pulse 145 per minute and indistinct. As it was not expected by her friends that she could live over the coming night, and being myself quite apprehensive of a speedy and fatal termination, on account of the extensive pulmonary engorgement, I considered it a favorable case in which to try the veratrum viride. I therefore ordered her to have five drops of Tilden's fluid extract every three hours, and nothing else, excepting cold water, if she desired it. At my next visit, fifteen hours afterwards, she had taken twenty-five drops of the veratrum, and was most astonishingly better. The pulse which was 145 the preceding day, was now reduced to 70 per minute; the skin cool and perspiring; the tongue moist; and the expectoration very free and offensive; the respiration free; the bowels had been freely moved, and the patient expressed herself as quite comfortable. The veratrum was continued in five drop doses every four hours through the day, and at my

next visit, in the evening, I found my patient quite weak from every frequent motion of the bowels, evidently the effect of the veratrum, and as the pulse was now reduced to 60 per minute, the veratrum was discontinued and a tablespoonful of brandy and thirty drops of the tinct. of opium given. This had the desired effect of restraining the bowels; after which the veratrum was resumed and continued in five drop doses every six hours during the subsequent treatment of the case, without any other medicine whatever, and her recovery was speedy and complete.

Mrs. G., long afflicted with valvular disease of the heart, and a system reduced and worn out by uterine and other diseases, came under my care apparently in a dying condition. She complained of extreme shortness of breathing and was unable to lie in bed on account of the great tightness and weight in the præcordia and epigastrium; her features were swollen and pallid, constant nausea and dread of death, dropsical effusions of the inferior extremeties and within the pericardium. The pulse was flickering and 140 per minute, and as almost every medicine likely to be of benefit in her case had been used, I thought probably if I reduced the frequency of the pulse it might also alleviate that dread of impending suffocation. With this intention I gave her five drops of the veratrum viride every three hours, which in fifteen hours reduced the pulse to 80 per minute, and the patient became calm and had some sleep, which she had not enjoyed for some time. The veratrum was continued until the pulse was reduced to 60 per minute, when it was discontinued; but in thirty hours afterwards the pulse again became 140, and all the former distress and suffering returned with its acceleration. The veratrum was again resumed, and the pulse soon became reduced to 60 per minute, and was thus controlled for days until finally the patient sank under her disease and died.

I could enumerate many cases in which the most decided advantage had been derived from the use of the veratrum viride, but having already trespassed upon your attention and time, must close for the present.

Hip-Joint Disease of the Third Degree—Almost entire destruction of the ligamentum teres—Perforation of the joint—Consecutive abscess below the fascia iliaca, communicating with the latter—Circumscribed abscess in front of the spine—Tuberculous deposit in both kidneys, and oviducts—Gray tuberculous infiltration of the mesenteric glands—Death and autopsy

By Louis Bauer, M. D., M. R. C. S., (Eng.),

Surgeon to the Long Island College Hospital, Brooklyn, &c.

This most interesting and instructive case refers to a girl, aged fourteen years, who entered the Long Island College Hospital on the 12th of March. Very little could be ascertained as to the health of her family, but that her father died from the effects of injury, that her mother was subject to rheumatic attacks, and that one of her younger brothers had a sore leg and occasional cough; whereas the rest of her brothers and sisters, seven in number, enjoyed perfect health.

Sarah B. had been delicate since infancy, and had suffered from various diseases. Thus her sexual developments were imperfect, and menstruation had not as yet occurred, but the mammary glands were large, and the mons veneris covered with hair. She was of dark complexion, rather yellowish and almost bronzed; and her countenance bore evidence of painful suffering. Skin dry, and nutrition very feeble, with decided loss of flesh. Digestion much disturbed, furred tongue, want of appetite, slight tympanites, and irregular evacuations, constipation generally prevailing. Some fever, with heat, thirst and headache. Excited action of the heart, with the usual nunnery sound of chlorosis; blood decidedly impoverished (anæmic); lungs resonant, and respiratory murmur normal.

Her chief complaint was, however, her right hip-joint, it being intensely painful on motion, contrecoup, and touch. Pelvis elevated, femur adducted, everted, and shortened by about two inches. The flexion of the thigh proved, under chloroform anæsthesia, to be voluntary. Abduction could not be executed, without moving the whole pelvis on the left hip-joint,

the abductor muscles resisting permanently, and feeling abnormally tense.

About the joint, there was some puffiness, a suspicious kind of serous infiltration, so frequently indicative of a deep-seated abscess, yet fluctuation could not be discerned, except posteriorly to the joint where it existed. Though the spine presented the usual simple, lateral curvature appertaining to the obliquity of the pelvis, yet on percussion, no pain was manifested; nor was there any structural change discernible in the pelvic cavity.

As to the commencement of the affection, the patient stated that she had sustained a fall upon her right hip, some eight months ago, causing immediate and continued pain, with subsequent deformity and shortening of the extremity, rendering the use of crutches necessary.

In the meantime, she had been placed under the especial care of a physician, and underwent a treatment of three months duration, yet derived no benefit therefrom.

After using domestic remedies for some months, and growing worse all the time, she came under my care.

As to specified diagnosis, I could not take the case for anything else than the third degree of hip disease, with opening of the joint. But the fact that eversion of the extremity was still maintained, proved to my mind that the aperture of the articular cavity could be but a small one, and that some liquid was still retained. The mobility of the joint being thus restricted, it was, of course, impossible to ascertain the condition of the ligamentum teres. As to the nature of the articular contents, I strongly suspected it to be purulent, although no crepitus could be established; nor was there external fluctuation. Yet her vitiated constitution, the duration of the disease, and the violence of the inflammatory symptoms, admitted no doubt as to the existence of suppuration.

Under these circumstances, the prognosis was utterly hopeless. The disease had long since lost its local and traumatic character; it had become thoroughly constitutional, a complication, with which treatment would grapple in vain.

Ordered generous diet, with ale, and milk, and directed iron, quinine and cod liver oil to be administered. At night, solutio morphiæ acetatis cum ext. belladonnæ, to secure rest.

At my next visit, I learned that the patient had passed a restless night, having frequently shrieked so loudly as to disturb her fellow patients. Fever on the increase, and appetite indifferent. Ascribing in part the constitutional disturbances to the nocturnal pains, I decided upon and executed the division of the retracted adductor muscles, and had two cups applied over the joint; after which, the patient was placed in the wire splint apparatus.

This seemed to give her some rest and comfort. She slept evidently better during the succeeding four nights, her disposition improved, and she evinced some desire for food; yet the pulse remained accelerated and feeble, the skin dry and urine saturated. No importance could be attached to the improvement.

On the fifth day, fever increased, preceded by a chill at noon, and accompanied by an intense headache, assuming then more distinctly the character of a bilious typhoid, with low delirium and hypostatic pneumonia. Her sufferings terminated on the eleventh day of treatment.

Autopsy.—Lungs hypostatically engorged, more especially their dorsal portion; the right apex with a few scattered yellow tubercles; the corresponding pleural lining thickened, slightly covered with plastic material, with some faint attempts at adhesion with the costal portion. Along the spine, the pleura was much intumesced and opaque, its cavities containing a moderate effusion. On removing the thoracic viscera, an abscess was unexpectedly discovered in the posterior mediastinum, in front of the spine, and between the ligamentum longitudinale ant. and the vertebræ, commencing at about the third, and terminating blindly at the ninth thoracic vertebra, all being denuded. The heart was well developed, the walls of the left ventricle moderately hypertrophied, yet no mechanical impediment or traces of endocarditis. Right ventricle filled with a post mortem fibrinous clot, extending into the auricle and pulmonary artery.

Liver in a state of moderate fatty degeneration, and not enlarged; spleen of ordinary size and appearance; mesenteric glands considerably enlarged, and infiltrated throughout with gray tuberculous substance. The uterus comparatively small, and oviducts filled with yellow round tubercles, so as to give them the appearance of ova. Both kidneys show circumscribed tuberculous deposits with surrounding nephritis; supra-renal glands eminently developed and indurated.

On examining the right hip-joint, I found the cartilages and synovial membrane pretty well preserved, though changed in appearance, being more white and opaque. The ligamentum teres, with the exception of a few fibres, was entirely destroyed, and around its insertion at the caput femoris, the cartilage was just about to detach itself from the subjacent bone, the cavity filled with inspissated pus, and the fovea acetabuli with a gelatinous substance. No part of the acetabulum or caput femoris denuded so as to cause a crepitant sound. Superiorly to the acetabular insertion of the ligamentum teres, there is a small fissure that passes under the labrum cartilaginium upwards, and connects with a flat sub-iliacal abscess in the fascia iliaca. The contents of this abscess, measuring about f℥iii, are very thick and yellow, and seem to have lost a good deal of their fluidity by absorption. The microscopical examination confirmed the renal and mesenteric deposits, as tubercular. Neither the pus in the thoracic, nor that of the iliacal abscess, revealed the so-called tubercular cells, whereas the pus corpuscles, which had in part undergone fatty degeneration, were roughened, wrinkled, and evidently in process of regress.

The cartilaginous covering of the affected joint exhibited, under the microscope, the peculiar changes characteristic of incipient inflammation of that structure. Some objects presented the cartilaginous cells highly granulated and enlarged toward the articular surface; in others, their transformation into fibro-plastic cells and direct fibres, were noticed, but no pus. If not deceived by the microscope, I have also observed elongated cellular bodies in the greatly thickened synovial membrane. In fine, I subjected the head and neck of the femur to a careful examination. Neither its consistency, color, nor structure, indicated the presence of tuberculous elements, and the microscope also failed to reveal them.

In connection with the present case, the question offering itself for discussion, is: In what structure did the disease of the joint originate?

It was stated in the ætiology, that the joint had been attacked by pain immediately after a fall, some eight months ago, and it must therefore be inferred that it was previously intact, and that the fall was the remote cause of the malady. Another fact is, that the structure preëminently affected, was the ligamentum teres. It strikes me that this ligament is most exposed to be contused in falls upon the large trochanter; but it is also, by virtue of its vascular endowment, more susceptible to the inflammatory process, than, comparatively speaking, any other structure of the hip-joint. It is another well-ascertained fact, that in almost all somewhat advanced cases of hip-joint disease, the ligamentum teres is invariably destroyed. I, at least, have found it so; and Gurlt, in his admirable work on the pathological anatomy of articular diseases, has enunciated the same from his observations and by his numerous quotations.

There can be no doubt that every case of hip-joint disease does not originate in the same way. It may arise from periostitis, from diastasis, from tuberculous deposits in the cancellated tissue of the caput femoris, &c., Yet in the present instance, the ligamentum teres seems to have been the primitive seat of the disease.

There is another interesting point at issue, namely, that hip disease may exist in a decidedly tuberculous constitution, and be remotely influenced thereby, without being directly complicated with tuberculous deposits. To be sure, the matter of the joint and the iliacal abscess contained an abundance of small granules, but no entire tubercular cells, and the former may, therefore, have originated in the blastema itself, or be the effects of broken

up pus-cells. At any rate, I found no conclusive evidence of tubercular elements in said pus.

The same may be said of the pus contained in the thoracic abscess, which had no direct connection with the malady of the hip-joint, neither anatomical nor casual. That the diagnosis remained imperfect as to this complication, cannot be surprising, as there was no symptom whatsoever, indicating it. The superficial disintegration of the affected vertebræ renders it highly probable that the abscess was the result of periostitis.

Another singularity is the preference of the tuberculous deposits for the kidneys, fallopian tubes and mesenteric glands, instead of the lungs, which, according to statistics, are the chief seat of attraction for tubercular deposition.

Finally, I should take no exception to the opinion of pyemic poisoning in Sarah B.'s case, in the place of bilious typhoid, since both have great similarity. Whether the bronze color of the patient had any causal connection with the evident changes of the supra-renal capsules, I am not prepared to say, since this color has proved to be no pathognomonic symptom of that disease, it being sometimes observed in other diseases, and as often absent in affections of those organs.

Therapeutic Applications of Sanguinaria.

By EDWARD H. SHOLL, M. D.,
Of Warsaw, Ala.

Few of the articles of our indigenous materia medica have as wide a range of useful application as the Sanguinaria, deserving, in many cases, almost the name of a specific.

And first, in its application—as yet unknown, I believe, to the profession—to the treatment of carbuncle.

Premising at first the deep incisions, and the free use of the caustic potash, I have been in the habit of mixing with the powdered root a sufficient quantity of honey to make a semi-fluid mass. This is to be spread on lint or soft muslin, and applied twice daily to the diseased part, proper care being used in removing the discharge. For the first few days, morning and night, a tablespoonful of the Tinct. Sang. should be given, as an alterative, an effect I am convinced always to be desired in the earlier stages of this disease. This simple treatment possesses an undeniable superiority over any method I am cognizant of, in that it much abbreviates the duration of the disease, and that from the first dressing the improvement progresses steadily and rapidly to a cure. This has been the uniform experience of my own trials with it, and of those to whom I have suggested its use, and I cordially commend it to the profession, hoping they will give it a careful trial, and note its merits.

In its adaptation to the treatment of pneumonia, which, in our south-western country, is prone to assume a typhoid form, gleaning from a wide range of cases, the treatment of which has thus far been uniformly successful, in its curative agency as alterative, sedative, and nauseant, it has few equals, especially when aided with the properly timed administration of quinine. I speak of the disease as it prevails in our section of the country, and do not intend to embrace the pneumonia of every latitude, simply that modified by existing local causes. In all cases ushered in with a decided chill, experience has proved that mercury is positively injurious, and here come into play the admirable virtues of Sanguinaria as an alterative. The following formula was obtained from Dr. Cocke, of Mississippi, who, during an extensive practice of twelve years, I am told, was successful in his management of every case of pneumonia.

℞ Tinct. sanguinaria, f℥v.
" opii camph., f℥vi.
Spirit pyroxil., f℥ss.
Potass. nit. ℥i.
Aquæ, f℥iii.

M. Sig. A teaspoonful every two hours.

Using it in this way, coupled with such other remedies as the variations of the disease may suggest, I have been more than gratified in its power of controlling a dangerous disease. In spasmodic croup, hooping cough, and chronic diseases of the liver, I can, from experience, recommend it to the profession as a useful and desirable remedy.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Neill.

Continuation of the Surgical Clinic of April 27.

Fracture of the Thigh.—I will call your attention to a number of these fractures. It is the most important kind you will have to treat, and always gives anxiety to the surgeon. Improper treatment is here a serious matter, and will occasion you disappointment and mortification, and permanent deformity to the patient. I will *first* show one of a recent kind, and next, those which have any special peculiarity in their nature or treatment.

This man fractured his thigh the day before. It had been enveloped in wet cloths. As he lay upon the bed the foot was everted, and the limb swollen over the seat of fracture four or five inches above the knee. There seemed to be but little shortening. The only true way to measure is by comparing the distance between the anterior superior spinous process of the ilium and the internal malleolus, by an inelastic string. In this instance there is not more than a third of an inch. The reason is seen by examining the limb. Here are cicatrices—three on the inside and two on the outer side. He has had necrosis of the femur, and these cicatrices were fistulous orifices out of which pieces of dead bone escaped. The muscles have become adherent to the bone, and hence there is not much overlapping of the fragments. The patient was dressed before the class. The apparatus applied was that generally used in this hospital, and known as Physick's Desault.

Fracture of the Shaft of the Bone.—The indications to be answered are: 1st, to reduce the fracture, that is, to bring the ends of the fragments into apposition; and 2d, to retain them in this position, by a proper degree of and a properly directed extension and counter-extension.

The apparatus of Desault, which was formerly alone used for this purpose, had two great objections, the one was, that the extending and counter-extending forces do not act sufficiently in the axis of the limb; and the other, that the gaiter used to secure a hold upon the foot, to produce the requisite degree of extension, was very apt to cause excoriation and sloughing of the heel. The outer splint reached from the crest of the ilium beyond the foot.

To obviate the first objection, Dr. Physick modified the apparatus, elongating the outer splint to the axilla. This prevents the patient from inclining to the affected side, and renders the line of counter-extension more parallel with the axis of the body. A block, grooved on its inner edge, and projecting at right angles to the splint, was placed upon its inner side, 4 or 5 inches beyond the foot, by Dr. Hutchinson. Its object was to render the line of extension parallel to the splint. It is not a foot-board as it is sometimes supposed to be.

To obviate the second objection, the gaiter is thrown aside, as also the silk cravats which were substituted for it, and extension is effected by means of adhesive plaster, as follows: One extremity of a long strip of adhesive plaster two inches wide is attached to one side of the wounded limb, just below the fracture; the strip is then brought down to the foot, care being taken that the plaster is firmly, smoothly and evenly applied to the limb, in its progress downwards the loop below the foot is made by the strip of plaster as it is conducted from one side of the limb to be similarly applied to the other. To take off pressure from the malleoli, a block of wood of sufficient size is placed in the loop, and to this block extending bands are attached; the descending and ascending strip of plaster is more securely fastened to the limb by a few strips of plaster circularly applied to the leg.

Counter-extension is made by a band which is put around the groin, and the ends fastened to the top of the outer splint.

The inner splint extends from the perineum to the internal malleolus.

To complete the apparatus, a splint cloth and compresses are necessary; the former is nothing but a piece of muslin, upon which the broken thigh reposes, and in which the splints are wrapped, so that when pressure is made they may not slip; the compresses consist of bags, made of some suitable material, and filled with bran.

In applying the apparatus, the broken thigh, divested of clothing, is placed upon the splint cloth; the perineal band is passed under the buttock, and the extending bands properly fastened to the limb; the splints are then rolled in the cloth, commencing at the margins, leaving but a very small space between each side of the limb and the corresponding splint; the compresses are laid in this space, and carefully arranged according to the irregularities of the limb.

The fracture is now reduced—the splints pressed firmly against the thigh—the counter extending band is firmly fastened to the upper end of the splint, and then the extending band to the lower end. The splints are maintained in position by means of a couple of strips of muslin encircling the whole apparatus and firmly tied across.

In applying splints you must discard ideas of feet and inches. Make your splints for every patient. Their length depends on how long the man is; and they should be of sufficient breadth to make uniform compression.

With this apparatus we have great power,—as much as is generally required in fractures of the thigh: Screws and windlasses are seldom necessary and are often injurious.

The *2d case* was a compound fracture of the thigh, about the middle of the shaft. The limb was shortened 1¾ inches, but this does not altogether depend on overlapping of the fragments. He was lame before the accident, from a fractured leg, and states that this limb was much shorter than the other. The wound of the soft parts requires the first attention; at this period, it is more important than extension and counter-extension. The wound was closed by adhesive plaster; but subsequently, slight suppuration had taken place. The treatment was by Physick's Desault.

The *3d* and *4th cases* were fractures of the neck of the thigh bone, extra-capsular, in healthy-looking men, between forty and fifty years of age.

They had been under treatment eight weeks, by Physick's Desault. By measurement, there is not more than half an inch shortening in either case: this amount will not be perceptible in the gait. There is every prospect of bony union.

The *5th case* was that of a boy about seventeen years of age, who had met with a similar accident in the opposite thigh, a year ago, followed by lameness and shortening. This case was treated by Physick's Desault; but the extension and counter-extension were omitted, in order that the two limbs hereafter should be of the same length.

The *6th case* was that of a young sailor, who had met with a fracture of the thigh, about the middle of the shaft, at sea, three weeks before his coming into this house. His limb had been kept in an extended position, and there was no eversion of the foot; but by measurement, you will see there is 1¾ inches shortening. Extension and counter-extension do not now obviate this, and he will be treated as the last case. The swelling around the seat of fracture was very considerable.

Dr. N. observed that the great secret of success in treating fractures, was attending to the skin; and that not merely the proper application of dressings was necessary, but their maintenance in proper position. They should be constantly watched and re-applied. No excoriation of the heel or perinæum need occur, with proper care.

April 30.

Recent Specimens.—Internal injury from a railway accident. Last Wednesday a man was run over by a railway car, and died shortly after his admission into the hospital.

It needed but a glance to see that the man was very much injured. There were some half dozen ribs broken, a compound fracture of the leg, and the symptoms of a very severe shock to the system. The patient never rallied

The post mortem examination revealed the existence of a *fracture* of the spleen and of the liver.

The term fracture is not inappropriate in this connection; for the viscera before mentioned were actually fractured or broken.

Fracture or rupture of this viscus must almost necessarily prove fatal in consequence of the fatal hemorrhage.

There have been cases of spontaneous rupture of the spleen reported. Dr. N. has seen one.

The liver also is fractured in almost every lobe and along the margin there are deep cracks and fissures.

Such an accident is accompanied by great prostration. The viscera supplied by the sympathetic nerve when injured are always followed by great shock to the system, particularly so when the liver has been the organ injured.

Gun Shot Wound of the Neck, (Post Mortem.)—In regard to the history of this case but little will be said, suffice it to say, that a man while in his own house received a gun-shot wound of the neck, of which he died at the moment of entering the hospital.

The wound of the skin directly over the cricoid cartilage, indicates the point of entrance of the ball, which then passed inwards, breaking the thyroid cartilage, traversed the larynx, and entered the œsophagus, now in a direction somewhat to the right of the median line, and finally, after crushing its way into the sixth cervical vertebra, and fracturing the transverse process, buried itself in the muscles of the neck.

The mucous membrane of the larynx and pharynx was deeply injected with blood; the lungs showed great venous congestion, the natural result of the embarrassed respiration that necessarily resulted from such a wound.

There was great injection of the membranes of the spinal marrow in the immediate neighborhood of the course of the ball through the vertebra.

Progress of Cases.—Fracture of Condyles of Humerus.—You saw this child four weeks ago. It is to be discharged to-day. It is brought forward to illustrate how rapidly bony union may sometimes take place; but four weeks have elapsed since the arm was broken, and yet the fragments have completely re-united. The motion of the elbow is very free.

Fractures of the Clavicle.—The negro whose fracture was attended with so much swelling, was again exhibited. Great absorption had taken place.

This white boy is also to be discharged to-day. He has been treated for fracture of the clavicle. I

doubt whether you can say on which side the fracture occurred. There is no deformity, and the shoulder is as good as it was before.

Hydrocele; Radical Cure of by Silver Seton.—This patient was brought into the amphitheatre to-day, to illustrate the changes induced by the silver seton wire.

The scrotum is greatly enlarged, and if the inflammation, existing in such a high degree at present, should give rise to a plastic exudation, the radical cure in this case will be complete. In this man injections of iodine had failed three times. I believe this operation will succeed.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

FRIDAY EVENING, JANUARY 14TH, 1859.

Dr. Mayburry, (President), in the chair.

Subject for discussion: DYSENTERY.

(Concluded from p. 129.)

DR. WITTIG'S experience did not coincide with that of Dr. G. In the first stage, we have inflammatory action and fever, which we must suppress by antiphlogistics; we do not dare to stimulate. He could not see but that the aloes and rhubarb would increase the irritation. We may also have torpid cases, where congestion exists, without any inflammation presenting. This inflammation is clearly indicated by the tympanitis, etc., whence we are required to use cups, leeches, and even venesection. It was his practice, at first, to give calomel alone, which acts against the *tension* of the blood, destroys the fibrine and diminishes the inflammation. In other cases, where no inflammation appears to be present, he employs emulsions of poppy oil, with nitrate of soda, hyoscyamus, etc. Injections of cold water, vinegar and water, etc., have been recommended as highly beneficial.

When he encountered cases of a torpid character he resorted to tonics and stimulants, as a decoction of columbo with morphia or opium. Against the tenesmus, at the same time, he employed mild emulgents, as the decoction of barley.

DR. WOODWARD thought Dr. G. in his paper had been too narrow in laying down the causes of this affection. Cathartics were doubtless highly beneficial in the removal of irritating causes from the bowels, but other causes existed, and we may and do frequently have a variety of irritating matters in the alimentary canal, without the production of dysentery; thus, in the Philadelphia Hospital, Blockley, he had observed cases of females who had dysentery as a result of the extension of gonorrhœal inflammation from the vagina. In other cases the disease resulted from the irritation being extended from an inflamed bladder. We also have epidemic influences at work, attacking all classes of the community, but especially the weak and cachectic.

Perhaps one cause might be congestion of the abdominal viscera from exposure to cold and dampness. Another cause was the injudicious use of drastic purgatives, as occasionally is noted in females who employ aloes to produce abortion. In the treatment we ought not to overlook the real nature of the trouble. In private practice it often happens that the anatomical lesions are slight, the cases being mild and recovery rapid, but among the poorer classes, and in low, moist regions, it is occasionally a very terrible affection. The least degree of lesion might be perhaps, irritation with congestion of the mucous membrane. This produces a reflex action, and hence the tenesmus. As it progresses, we have inflammation, and exudation either of pus or mucus; at a later period, or in more violent cases, a rich coagulable exudate is poured out upon the affected surface. This, which essentially corresponded to the exudation in the trachea in croup, consisted of an imperfect coagulated fibrine, in which were embedded granular cells similar to those of pus granules, and occasionally oil globules.

This exudation does not go on to organization, but is afterwards thrown off, frequently in casts, which are sometimes seen of the length of three or four inches, and of the shape of the intestine. When these are detached, excoriated surfaces are left exposed, which sometimes ulcerate, and the ulcerated tissues, in the process of healing, may contract, and even form permanent strictures. If we have dysentery, with diphtheritic exudation and deep ulceration, we cannot cure it by means of cathartics. We must support the strength, and leave nature to relieve the internal trouble. We may apply, also, local remedies to the ulcerated surface, as we do elsewhere. The injections used should be warm, and perhaps failure may often be attributed to their being used cold.

DR. GEBHARD explained that his paper only detailed the results of cases in private practice. This treatment he had pursued for twenty-four years, and with most decided success, and he no longer looked upon dysentery as a formidable disease. He had not seen aloes act as a drastic purge, but it arrests the tenesmus almost immediately, and the next evacuations are feculent, dark, and offensive. It brings away the irritating matters which may have been there for some time, and which gave no trouble to the patient at the time, but from some sudden cause,

as cold, etc., an action is set up in the loaded bowels, and then dysentery is ushered in. We must have something which acts on the peristaltic motion of the bowels, and relieve the tenesmus. etc.

Dr. Osler inquired whether Dr. G. used this treatment in children, and also as to the rate of mortality which had occurred under this plan in the course of his experience.

Dr. Gebhard replied that he did use it in children, but in the very young he generally trusted to castor oil. In those of about 6 or 8 years, he found this treatment of great benefit. He would particularly recommend this method to his brethen of the profession. Concerning the mortality, he would say that the cases generally got well, and were not so protracted as he had observed by other means of treatment.

Dr. Osler remarked that whatever might be thought of the theory propounded in the interesting paper just presented by Dr. Gebhard, the results of his practice must be regarded as eminently satisfactory. They entitle the views he has advanced to the careful consideration of the profession. Although he (Dr. Osler) had employed a treatment entirely dissimilar to the one Dr. G. had found so successful, his adult patients invariably got well. The same treatment had also succeeded in cases of children, but not so uniformly as in adults. The truth seems to be that dysentery is amenable to different, and even dissimilar modes of treatment; and there is probably no one plan that is equally applicable to all cases. If, as the paper under consideration maintains, irritating fæcal accumulations in the bowels are the cause of dysentery, their removal is assuredly not an essential condition of cure, for the disease is frequently arrested without any such copious evacuations as had been referred to. Mercurials, or something capable of stimulating the hepatic functions, seem to be generally indicated. He had, in most instances, employed sulphur in preference to mercury, and had sometimes succeeded with the former after the different preparations of mercury had been tried in vain. Astringents and ipecac he never thought of using.

Dr. Wittig remarked further that he acted according to symptoms, relieved irritation, gave tonics for weakness, etc. Hough, a German author, gives large doses of calomel, and then opium and acetate of lead when the irritation is relieved, and with eminent success. Dr. W. often used drastics and calomel, with opium for the irritation of the vascular and nervous systems. He had employed the nitrate of silver, along with the muriate of iron.

Adjourned.

The disease of which the King of Naples is said to be dying, is carbuncle.

Rebiews and Book Notices.

A Practical Treatise on the Diseases of Infancy and Childhood. By T. H. Tanner, M. D., F. L. S., Late Physician to the Hospital for Women, etc., etc. 12mo. pp. 464. Philadelphia: Lindsay & Blakiston, 1859.

We have perused this little work with great satisfaction. The object of the author is to present to the student and practitioner a complete work on the disorders of infants and children within a moderate compass, and we think that he has done so with a degree of success not always attained by those who write manuals of the practice of medicine in any of its departments—for this, after all is all that the work before us can claim to be.

The work is divided into twenty chapters, and an appendix of formulæ. *Chapter* 1, consists of general observations on the period of Infancy and Childhood, and includes vital statistics of great value, exhibiting the average duration of life, and the influence of various causes tending to curtail it, beginning very properly with those to which the parents are subject, even before conception takes place. We wish that this section and the succeeding one on the conduct of women during pregnancy had been treated at greater length. *Chap.* 2, is devoted to the Diagnosis and Prognosis of Infantile Diseases. *Chap.* 3, treats of Infantile Therapeutics. We are much pleased with the care with which this subject is treated. Our author approaches it with the very proper feeling that medicines are not all, or even the principal part of what is necessary in the treatment of infantile disorders. He recommends that medication and other active measures be resorted to with great caution. It is worthy of notice, however, that Dr. Tanner's experience was chiefly with the diseases amongst the poorer classes, and all of them residents of London, (p. 78). Such patients will not, of course, as a rule, require or bear as active treatment as those who live in well-to-do families in the healthful and invigorating atmosphere of the country, while in the former class of patients, diseases will be likely to be of an asthenic type. His enumeration of remedies, though perhaps needlessly elaborate, is in the main judicious. There is one omission that we would mention, viz: that of *alum* under the head of emetics, which is one of the safest, most prompt, and most easily administered emetics we have, being especially applicable in croup. It is spoken of by our author when treating of

this disease, but it is worthy of more prominence than he gives it. *Chap.* 4 is devoted to the Management and Education of Children. *Chap.* 5, to the Accidents or Diseases occuring at, or soon after Birth. *Chap.* 6, to Congenital Malformations. *Chap.* 7, to Non-Congenital Deformities, and *Chap.* 8 to Dentition. The remaining chapters are devoted to a consideration of the affections to which the various tissues and organs of the body are subject, and to the constitutional and irritative affections, and the accidents of this period of life.

We will conclude this brief notice by again recommending this excellent manual to the attention of our readers, as well worthy a place among the more elaborate treatises in their libraries on the diseases of infancy and childhood.

Editorial.

THE LATE CONVENTION OF MEDICAL TEACHERS AT LOUISVILLE.

If a convention of office-holders were called to deliberate upon measures to prevent the general government from being defrauded, is there one of our readers who supposes that any measure proposed by an honest member of the convention, recognizing the proper relations between the government and the office-holders, and the duty of the latter to be perfectly upright in their dealings, would meet with general acceptance. No! if they gave utterance to the principles by which they are actuated in their dealings with the government, there would not be wanting men who would insist, though it might be in honeyed phrases, on the inalienable right of all office-holders to poach upon the national treasury, without any interference from the party most interested. If, in the simplicity of his heart, a member should offer a resolution to this effect,

Resolved, That we recognize the right of the general government to prescribe the terms and conditions by which we hold our office, and that all pains should be taken to enforce any rules and regulations recommended by government,

One member would indignantly declare that he could neither vote for such a resolution nor take part in the future proceedings of any convention that would adopt it. Another, filled with righteous indignation, would eloquently call upon the convention to pause on the threshold, ere they took a step fraught with so much peril to the harmony and best interests of all office-holders, and would unwarrantably construe the absence of certain prominent office-holders into a protest on their part against the general government dictating terms to them. The admission of such a resolution, he would argue, would produce hostile factions in their ranks, whereby their chances of public plunder would be diminished, and he was totally opposed to any measure that would make them better than their predecessors.

Thus whiles away the morning. Dinner over, a member with a full stomach and a clear head, comes to the rescue with a batch of amendments, those parricides of resolutions, the point of which consists in a declaration that the general government has no rights or privileges in the premises, and that it has no business to attempt to throw guards around the public treasury. But this being a little too barefaced, the responsibility is thrown upon others, by the appointment of a committee to report to another convention, and so ends the fray.

We have not been of those who expected anything of the Convention of Medical Teachers which met in Louisville on the 2d instant. We do not believe that it is in the power of the medical teachers of this country to adopt any definite line of policy on the subject of medical education, or to hold to their course if they should. Not that there are not among them those who are really desirous of improving our system of medical education, but the Professors in some of our schools, and particularly those in the third or fourth rate schools, are very jealous of interference with their fancied rights and privileges. They want to manage their affairs in their own way, erect their own standards of medical requirement, subject to the dictation of no one. Certainly this is a legitimately drawn conclusion, in view of the manner in which the recommenda-

tions of the American Medical Association have been received by them.

Twenty Medical Colleges were represented at the convention at Louisville, there being no delegates from the schools of this city, New York city or State, and New Orleans, and but two from the New England schools.

Dr. Dixi Crosby, of Dartmouth College, New Hampshire, was chosen President, and Dr. Geo. C. Blackman, of Ohio Medical College, at Cincinnati, Secretary. A business committee, consisting of Drs. N. S. Davis, of Lind University, Chicago; Gunn, of the University of Michigan; Frost, of the Medical College of South Carolina; Shattuck, of Harvard University, Mass., and Yandell, of the University of Louisville, was appointed, who reported a set of resolutions, which, among other wholesome suggestions, distinctly recognized the right of the American Medical Association to prescribe the terms and conditions on which medical degrees shall be conferred, and licenses to practice medicine shall be granted, and that an expression of opinion as to methods and periods of instruction from that body, should be received with deference and respect, and that all pains should be taken to enforce any rules and regulations recommended by the Association.

These resolutions were opposed with a good deal of spirit, and finally the following preamble and resolutions were passed by a majority of one school:

Whereas, It appears that a large proportion of the Medical Colleges of the United States are unrepresented in this Convention, and no changes in the present system of education can be effectual unless adopted by the schools generally—

Resolved, That it is inexpedient at this time to take any action upon the proposition contained in the report presented by the Special Committee on Medical Education, at the last meeting of the American Medical Association.

Resolved, That with the view of obtaining a more general union in counsel and in action, upon this important subject, this Convention do now adjourn, to meet again on the day preceding the next annual meeting of the American Medical Association, at the place which may be agreed upon for said meeting, and that the several Medical Colleges in the United States be requested to appoint each one delegate to such adjourned meeting of this Convention.

A committee, consisting of Drs. Yandell, Shattuck, Blackman, Campbell, (of the Medical College of Georgia,) and Gunn, was appointed to take into consideration, during the recess, the various matters referred to in the resolutions, and to report thereon at the adjourned meeting.

After all, there appears to have been a large minority of the Convention in favor of some decided action, leading us to indulge the hope that when the Association does adopt a standard of its own—which it most assuredly will do, sooner or later—the more respectable of the schools of the country will submit gracefully to it.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

As previously announced, the Eleventh Annual Meeting of the Medical Society of the State of Pennsylvania will be convened in this city on Wednesday, the 8th day of June next, at 11 A. M. The session will be held in the Hall of the Department of Arts of the University of Pennsylvania. This meeting will be one of much interest, and there will probably be a very full attendance. The last meeting of the body was not so large as usual, owing to the inclemency of the weather at the time, and perhaps to the distracting influences of the generally prevailing financial afflictions, and other causes extrinsic of interest in the society.

The Committee of Arrangement and Reception appointed by the delegation from the Philadelphia County Medical Society, have made excellent preparations for giving to the visiting delegations a welcome social reception, and to make their brief sojourn amongst us as pleasant and attractive as possible. The Pennsylvania Central, the Philadelphia and Reading, and the North Pennsylvania Railway Companies have, with their characteristic libe-

rality, generously consented to pass the delegates, coming and returning, over their respective roads at reduced fares, upon the presentation of their credentials of appointment. These companies, including the Philadelphia Wilmington and Baltimore Railway, have on many previous occasions uniformly extended similar courtesies to the profession of Philadelphia, both in its collective and individual capacity, and well merit the thanks of the whole profession, which we, in its behalf, cordially offer. Several of the city passenger railway companies have also kindly consented to convey the delegates, during the sessions of the society, over their roads, upon presentation of their cards of membership, in going to and from the place of meeting, and in visiting our literary, scientific, charitable and other public institutions, to which the delegates will have free access.

Evening entertainments will be given by some of our most eminent and liberal medical men, and through the attention of the Camden and Atlantic Railway Company, the delegates will have the enjoyment of a delightful seashore excursion, and an opportunity of visiting the attractions of one of the most popular watering places. At Atlantic City, a dinner offered by the profession of Philadelphia will make a pleasant finale to the entertainments.

The State Society has always been attended and sustained by the most distinguished practitioners in the commonwealth, and harmony has ever characterized its proceedings. A continuance of the same interest and support, and a cautious avoidance of the introduction of any discordant element at its sessions, are necessary to maintain its present high character. These annual reunions, beside their scientific object, accomplish much in a fraternal way, and should be fostered by all who are truly interested in professional welfare.

In alluding to the liberality to the medical profession, which various railway companies evince, we cannot help contrasting, in this connection, their noble generosity with the contracted spirit recently displayed by the officials of a certain monopoly, on the occasion of the assembling, in our neighboring city, of, in many points of view, one of the most important conventions of medical and other scientific men, that ever convened in this country—whose labors and deliberations will largely contribute towards protecting the health and lives of her citizens, and towards promoting the diversified interests of her commerce. While that monopoly granted free passes to the delegates from non-medical bodies to that convention, it—we record it with painful regret—committed a great indignity to the profession at large by refusing even commutation tickets to the delegates from the College of Physicians, and from the Philadelphia County Medical Society, two of the largest and most influential medical organizations in our metropolis, and together embracing, with few exceptions, almost the entire membership of the profession.

Medical News.

Small-Pox Hospital.—As New York has its Quarantine troubles so has Cologne in Prussia its small-pox hospital troubles. It has so happened that the imperial government desired the erection of an Asylum for the victims of variola, and selected for this purpose a situation immediately contiguous to the Citizen's Hospital in Cologne, but the physicians of this establishment protested against having such a neighbor. The royal council, induced at length to select another site, resolved to build the new hospital upon a lot next to the municipal prison: the announcement of this decision roused the entire population of the vicinity, some of whom dreaded the acquaintance of such a neighbor, some the consequent depreciation of their property—and possibly, some, the danger to the prisoners.

The excitement upon the subject is very great, and the king, and the royal council, and the municipal government, &c., &c., have almost shaken fists at each other.

Mr. Alfred Eccles, of London, in a pamphlet, the title of which is the query—"What shall we do with our lunatics," suggests the system of "domestic segregation," instead of the aggregation system of the large asylums. Early removal from home, avoidance of the society of other lunatics, and "medical care in a family" are the principles advocated.

Medical Convention for Revising the Pharmacopœia of the United States.—The Medical Convention for revising the Pharmacopœia, which met at Washington in May, 1850, provided for assembling a Convention for the same purpose, in the year 1860, by the following resolutions:

"1. The President of this Convention shall, on the first day of May, 1859, issue a notice requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporoted Colleges of Pharmacy, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general Convention, to be held at Washington, on the first Wednesday in May, 1860.

"2. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next Convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this Convention the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1860."

In accordance with the above resolutions, the undersigned hereby requests the several bodies mentioned to appoint delegates, not exceeding three in number, to represent them in a Convention for revising the Pharmacopœia of the United States, to meet at Washington on the first Wednesday in May, 1860; and would also call the attention of these bodies to the second and third resolutions, and request compliance with the suggestions therein contained.

GEO. B. WOOD,
President of the Convention of 1850.
Philadelphia, May 1st, 1859.

N. B.—Medical and Pharmaceutical Journals will please copy the above notice.

The Gorilla.—This anthropoid, the existence of which has until recently been doubted by scientific naturalists, was the subject of a late lecture in London, by Professor Owen. It is described as an immense tailless ape, between five and six feet in height, and of sufficient strength to snatch a negro from the ground and carry him into the trees. He is said to be a match for the lion, and will drive away an elephant by beating him with a club. The region inhabited by the *Troglodytes Gorilla*, is the interior of Africa, near the equator, and in the neighborhood of the Gaboon river.

Ancient voyagers describe what is believed to be this identical animal, but the first scientific attention to it was by Dr. Savage, from a skull which he saw at the Gaboon river in 1847. Since that time, skeletons and the entire cadaver of the animal, preserved in alcohol, have been placed in the museums of London, Paris, and Vienna. Professor Owen considers the gorilla the nearest approach to man, of any animal; but in this he differs from Dr. Wyman, the American naturalist, and Professors Du Vernoy and Isidore Geoffrey St. Hilaire.

MARRIAGES.

EVERHART—KISTER—In Goldsborough, Md., 26th ultimo, by the Rev. Wm. McFadden, Dr. O. T. Everhart to Sallie, daughter of the Rev. Jacob G. Kister.

WALKUP—GERRY.—April 12th, at Woodburn, Hamilton Co., Florida, by Rev. John L. Gerry, S. A. Walkup, M. D., to Mary Marion, second daughter of the officiating clergyman.

TUCKER—CHAPIN.—In New York, May 10, at No. 134 West 38th street, by the Rev. Thomas S. Hastings, Dr. C. P. Tucker to Miss Georgie M. Chapin, all of that city.

DEATHS.

We have just received intelligence of the death of the distinguished Naturalist, ALEXANDER VON HUMBOLDT. We shall in a future number give a more extended account of the life and labors of this remarkable man.

BÉGIN.—M. Bégin, late President of the French Army Medical Board, and a distinguished military surgeon, died recently.

BAMFORD.—The *Lancet* records the death of W. Bamford, Esq., Surgeon, of Staffordshire, a veteran practitioner, aged eighty-four years, and who had been in practice *fifty-five years.*

PARTRIDGE.—In this city, on the 11th inst., O. H. Partridge, M. D.

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REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D,, Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D. " " "
Isaac Hays, M. D.
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